


**2007 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F92000001006</b> 1. Entity Name <b>BUTLER SERVICES OF DELAWARE, INC.</b>	
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Principal Place of Business <b>110 SUMMIT AVENUE MONTVALE, NJ 07645</b>	Mailing Address <b>110 SUMMIT AVENUE MONTVALE, NJ 07645</b>
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03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-2765420</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPKO, EDWARD M 200 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPKO, FREDERICK H 4901 SOUTH ELLIS CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBREEN, HUGH G 2150 N. LINCOLN PARK CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MOHAN, PETER J. 17 BLOSSOM ROAD SUFFERN, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/22/07-80004-002 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #